



Global AIDS Program

Country Profile — *Democratic Republic of Congo (DRC)* FY2004

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in DRC

HIV Infected: 1.1 million¹
AIDS Deaths: 100,000¹
AIDS Orphans: 770,000¹

The National HIV Prevalence Survey completed in 2004 found a 4.5 percent HIV prevalence rate in the Democratic Republic of Congo's (DRC) population of roughly 60 million.² More than 9,250 pregnant women were enrolled in the survey at 17 sites nationwide. Rural HIV prevalence rates in the east were found to be higher than urban rates in the same region. The Multiple Indicators Cluster Survey (MICS) conducted between October 2000 and April 2001 found that of women between the ages of 15 and 49 surveyed 92 percent had heard of AIDS and 87 percent knew of at least one preventive measure.

Economically poor adolescents and women living in rural areas with little or no schooling were significantly less aware of methods for avoiding HIV infection.

About GAP DRC

Year Established: 2002

FY 2004 Core Funds: \$1.8 million US

In-country Staffing: 1 CDC Direct Hire; 3 Locally Employed Staff

The HHS/CDC GAP office in DRC opened in late 2002 and focused its program activities in three major areas: understanding the epidemic, strengthening mother-to-child services and improving national public health capacity. The DRC was one of the first countries to identify the importance of the AIDS epidemic, but activities to increase HIV/AIDS awareness, prevention, care, and treatment were interrupted in the mid-1990s due to instability and conflict. Despite the major systemic constraints facing all activities in the DRC, there is reason for optimism. The armed conflict and civil disorder has, for the most part, ceased, and the government has shown an increased interest in activities for HIV/AIDS control by expanding HIV/AIDS services, improving service quality, and increasing national capacity to deliver high quality services.

Since independence in the 1960s, DRC has faced many obstacles to attaining democracy, good governance and a strong health care delivery system. The Ministry of Health (MOH) has garnered additional support to revitalize and extend HIV services in partnership with an extended multi-sector approach with support from three Global Fund awards and a large World Bank MAP grant. In addition, two governing boards have been created to promote, implement and support HIV activities in a transparent and accountable manner.

Website:
www.cdc.gov/gap



¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.
² National HIV Prevalence Survey, 2004



FY2004 GAP DRC Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	16,032
Number of country nationals trained in the provision of laboratory activities	4,870
Number of HIV tests performed at CDC/GAP-supported laboratories	_____
Number of individuals trained in surveillance methods and operations	156
Number of individuals trained by CDC/GAP for a technical program area	955
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	_____

Data above are from GAP DRC's 2004 Annual Report.

Critical Interventions for HIV/AIDS Prevention

- ◆ Introduced Rapid HIV tests in voluntary HIV counseling and testing (VCT) centers. This has resulted in nearly every VCT client knowing his or her results the same day.
- ◆ Blood safety remains a large concern in DRC as in many other countries. GAP DRC provided lab equipment, supplies and reference material in addition to audio visual equipment and conference materials to the National Blood Safety Program's National Testing Center.
- ◆ Trained 210 blood safety technicians and 140 blood donor recruiters.
- ◆ Completed and submitted for review standard guidelines for appropriate blood transfusions.

Critical Intervention for HIV/AIDS Treatment and Care

- ◆ Supported a family centered PMTCT Plus program based in a Kinshasa pediatric hospital with five satellite maternity clinics to expand the DRC's limited prevention of mother-to-child HIV transmission (PMTCT) in close collaboration with the University of North Carolina (UNC). Assistance, care and treatment are provided in support of Congolese families who have one or more HIV-positive members. In addition, United Nations Foundation funds have been leveraged to evaluate intermittent malaria treatment among HIV-positive children.
- ◆ Created the DRC's first post-partum follow-up care for HIV-positive mothers which provides broad follow-up for at least 18 months after delivery to reduce high maternal mortality in partnership with UNC.
- ◆ Supported the expansion of PMTCT sites in Kinshasa. Within 16 months, 23 sites signed an agreement with the MOH and UNC to begin providing PMTCT services with improved antenatal care services including sexually transmitted infection and tuberculosis case identification.

Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

- ◆ Collaborated with NACP, WHO, and the Kinshasa School of Public Health to complete the National HIV Prevalence Survey. Over 9,250 pregnant women from 17 sites were enrolled. The survey identified a 4.5 percent prevalence rate.
- ◆ Helped build HIV/AIDS infrastructure by providing equipment such as teaching microscopes. In less than a year more than 4,289 students were trained on these microscopes.

